

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10 506297

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2			1		
3			1		
4			1		
5			1		
6			1		
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TOTAL IND.		3			
TOTAL DEP.		3			
TOTAL CLAIMS		3			

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IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS			